

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)
SACKVILLE FOR MAYOR COMMITTEE

IMPORTANT: Indicate type of committee you are reporting for: ☐ 4

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
(8) Support State of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name
PATRICIA SACKVILLE

Political Party
NA

Office Sought
CITY MAYOR

District (if Senate or House)
NA

FORM
DR-2

(Rev. 07/2003)

DISCLOSURE
REPORT

For Office Use Only

Comm. # _____
Logged in _____
Scanned _____
Computer _____
Audited _____

SIGNATURE OF TREASURER (or person filing this report)

TELEPHONE

DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A TERMINATION (report date) _____ (1) ELECTION (2) NON-ELECTION YEAR.

Indicate one ☐ 1

☐ CHECK IF AMENDMENT TO REPORT DATE

☒ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election
NOVEMBER 4, 2003

County & Local Committees, enter County in
which Election is held
FRANKLIN

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

296.09

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

42.44

Schedule F: Loans Received total (Attach Schedule F)

0

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL\$ 338.53

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

338.53

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

-0-

**UNPAID BILLS (From Schedule D - Attach Schedule D)

-0-

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

-0-

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

-0-

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

☐ YES ☒ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ -0-

FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

SACKVILLE FOR MAYOR COMMITTEE

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
12/03/03	ID# CK#	Hampton Publishing Company 9 2nd Street NW Hampton, IA 50441	Mailer Envelopes Election Ads (2) Thank You Ad (1)	\$ 278.53
12/15/03	ID# CK#	Reminder Printing Company 125 2nd Str NW Hampton, IA 50441	Election Ad	60.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 338.53
TOTAL (if last page of this schedule)				\$ 338.53

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)



SCHEDULE A (Rev 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
12/10/03	ID# CK#	DAVID SACKVILLE 21 SHAR DENN DRIVE HAMPTON, IOWA 50441	SPOUSE	\$42.44	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 42.44	
TOTAL (if last page of this schedule)				\$ 42.44	

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(for Schedule A)